

**SCHOOL STATUS CHANGE REQUEST FORM**

**Directions:** Public schools should use this form to notify the Department of Education of district approved changes identified in Part A – F below. Be sure to: 1) complete the applicable sections below 2) sign the bottom of this form, 3) attach the school board minutes approving the changes, and 4) return this form and attachments to the above address or email a copy to [Kristi.chew@doe.nh.gov](mailto:Kristi.chew@doe.nh.gov). **A separate form should be used for EACH school undergoing a change in status.**

<b>SCHOOL INFORMATION</b>	
Today's Date:	
Name of School:	School ID Number:
Town:	SAU #:
Contact:	Title:
Phone Number:	Email address:
<b>PART A: CHANGING FACILITY LOCATION</b>	
New address:	
<b>PART B: RENAMING SCHOOL</b>	
Old name:	
New name:	Effective date:
<b>PART C: ADDING OR DROPPING GRADE LEVELS (circle applicable grades)</b>	
Grade levels ADDED: PK, K, R, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	Effective date:
Grade levels DROPPED: PK, K, R, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	Effective date:
<b>PART D: CHANGING GRADE STATUS</b>	
Old Status: Elementary -- Middle -- High School (Circle one, two, or three)	Effective date:
New Status: Elementary -- Middle -- High School (Circle one, two, or three)	Effective date:
<b>PART E: CLOSING SCHOOL</b>	
Effective date (month/day/year):	
<b>PART F: OPENING SCHOOL</b>	
Effective date:	
Circle grades to be taught at this new facility: PK, K, R, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	
Status: Elementary -- Middle -- High School (Circle one, two, or three)	
Fax number:	
Principal name:	Principal's email address:

Superintendent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH SCHOOL BOARD MINUTES APPROVING THESE CHANGES.**